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06/19/2020 10:56

PAGE 1 / 11 ·

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Doug Jones for Senate Committee PO Box 131025 ADDRESS (number and street) (Check if address is changed) Birmingham 35213-1025 ALCITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Katie.Buchanan@DougJones.com (Check if address is changed) Optional Second E-Mail Address Doug.Turner@DougJones.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://dougjones.com/ (Check if address is changed) DATE 2020 C00640623 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Turner, J., Douglas, , Jr. Type or Print Name of Treasurer Turner, J., Douglas, , Jr. [Electronically Filed] 06 19 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

_	-	1.75	5 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below	·.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	mplete the candidate
Name Cand		Jones, Doug, , ,	
Cand Party	lidate Affiliatio	on DEM Office Sought: House X Senate President	State AL District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 02/2009)			Page 3
Write or Type Committee Name			, ago o
Doug Jones for Senate Com	mittee		
6. Name of Any Connected Organization, Affiliated C		esentative, or Leadershi	p PAC Sponsor
Jones Victory Fund			
4771 Put and Pu			
Mailing Address 1751 Potomac Greens Dr	ive		
Alexandria		VA 22314-6233	3
	CITY	STATE Z	IP CODE
Relationship: Connected Organization Affiliate	d Committee X Joint Fundraising	Representative Lead	ership PAC Sponsor
 Custodian of Records: Identify by name, address (pr books and records. 	one number optional) and positi	on of the person in posse	ession of committee
Buchanan, Katherine, M, ,			1
Full Name1751 Potomac Greens D	ive		
Mailing Address			
Alouandria		VA , , , , , , , , , , , , , , , , , , ,	3
Alexandria		22314 323	
Title or Position	ITY	STATE ZI	P CODE
Asst. Treasurer	Telephone num	nber 202 – 42	23 - 4742
Treasurer: List the name and address (phone number any designated agent (e.g., assistant treasurer).	optional) of the treasurer of the	committee; and the name	e and address of
Full Name Turner, J., Douglas, , Jr.			
of Treasurer 934 Conroy Rd			
Mailing Address			
Birmingham		AL 35222-4425	
C Title or Position , Treasurer	ITY	STATE ZI	P CODE
	Telephone num	ber	

	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Buchanan, Katherine, M, ,		
Mailing Address	1751 Potomac Greens Drive		
	Alexandria	VA 2231	4-6233
	CITY	STATE	ZIP CODE
Title or Position Asst. Treasurer		Telephone number 202 -	423 - 4742
Banks or Other	Depositories: List all banks or other depositories in whi		olds accounts, rents
	xes or maintains funds.	ch the committee deposits funds, h	
safety deposit bo	xes or maintains funds.	ch the committee deposits funds, h	
safety deposit bo	xes or maintains funds. Depository, etc.	ch the committee deposits funds, h	
safety deposit bo Name of Bank, [xes or maintains funds. Depository, etc. Amalgamated Bank	ch the committee deposits funds, h	
safety deposit bo Name of Bank, [xes or maintains funds. Depository, etc. Amalgamated Bank	ch the committee deposits funds, h	
safety deposit bo Name of Bank, [Amalgamated Bank 1825 K Street, NW		
safety deposit bo Name of Bank, [Amalgamated Bank 1825 K Street, NW Washington CITY	DC 2000	6
safety deposit bo Name of Bank, [Mailing Address	Amalgamated Bank 1825 K Street, NW Washington CITY	DC 2000	6
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Amalgamated Bank 1825 K Street, NW Washington CITY Depository, etc.	DC 2000	6
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street, NW Washington CITY Depository, etc. CenterState Bank	DC 2000	6
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street, NW Washington CITY Depository, etc. CenterState Bank	DC 2000	6 ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____11__

h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
		FEC ID number	С
4.			
	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
2020 Senate Imp	oact 		
Marilian Adalas a	∣ 918 Pennsylvania Ave., SE		
Mailing Address			
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join Join Join Join Join Join Joi	nt Fundraising Representa	Leadership PAC S
esignated Agent: Ident		nt Fundraising Representa	Leadership PAC S
esignated Agent: Ident		nt Fundraising Representa	Leadership PAC S
esignated Agent: Ident		nt Fundraising Representa	Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, Wells	ify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Depositatety deposit boxes or name of the content of	ify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which naintains funds. Fargo	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, Wells	ify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Full Name Mailing Address TITLE OR POSITION anks or Other Deposite detay deposit boxes or name of Bank, wells epository, etc.	ify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which naintains funds. Fargo	STATE A Telephone Number	ZIP CODE A
Full Name Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which naintains funds. Fargo	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____11___

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
The Top 4 2020			
Mailing Address	918 Pennsylvania Ave., SE		1 1 1 1 1 1 1 1 1 1
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or m	CITY A City A pries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Lanks or Other Deposite afety deposit boxes or material boxes or material boxes. Wood depository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds. sboro Bank	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Senate Incumber	Organization, Affiliated Committee, Joint Funt Victory Fund	ındraising Representative	e, or Leadership PAC Spon
Mailing Address	611 Pennsylvania Ave SE		
	Number 143		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif			
Full Name	fy by name, address (phone number – optional)	
	fy by name, address (phone number – optional		
Full Name	fy by name, address (phone number – optional		
Full Name	fy by name, address (phone number – optional		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A City A pries: List all banks or other depositories in wh	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A City A pries: List all banks or other depositories in wh	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A City A pries: List all banks or other depositories in wh	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A City A pries: List all banks or other depositories in wh	STATE Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____11___

h). Joint Fundraisi	ng Participant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
Grassroots Demo	ocrats for Jones		
	1751 Potomac Greens Dr		
Mailing Address			
	Alexandria	VA	22314-6233
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee Joint Joi	int Fundraising Represent	ative Leadership PAC S
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esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

5(g) or	(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
- 6. I	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	918 Pennsylvania Ave., SE		
		Washington	, DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	undraising Representa	ative Leadership PAC Sponsor
_				
- 8. [Designated Agent: Identify	by name, address (phone number – optional)		
- 8. [by name, address (phone number – optional)		
- 8. [Full Name	by name, address (phone number – optional)		
- 8. C	Full Name	by name, address (phone number – optional)		
- 8. [Full Name	CITY A	STATE A	ZIP CODE A
- 8. C	Full Name	CITY A		
_ 9. E 8	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main sa	CITY CITY Tele	STATE ▲ phone Number	ZIP CODE 🛦
_ 9. E 8	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Tele	STATE ▲ phone Number	ZIP CODE A
_ 9. E 9	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main sa	CITY CITY Tele	STATE ▲ phone Number	ZIP CODE A
9. E	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Tele	STATE ▲ phone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

	g Participant:			
1			FEC ID number	C
2			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
	Organization, Affiliated Commi	ttee, Joint Fundr	aising Representativ	ve, or Leadership PAC Spor
DURBIN JONES	VICTORY FUND			
	∣ 918 Pennsylvania Ave., SE			
Mailing Address				
	Washington 		DC DC	20003
Relationship:	CITY A	_	STATE A	ZIP CODE ▲
	d Organization Affiliated Com		Fundraising Represen	tative Leadership PAC S
esignated Agent: Identif	Affiliated Com by name, address (phone numl		Fundraising Represen	tative Leadership PAC S
esignated Agent: Identif			Fundraising Represen	Leadership PAC S
esignated Agent: Identif			Fundraising Represent	Leadership PAC S
esignated Agent: Identif	by name, address (phone number)	per – optional)		
esignated Agent: Identif	by name, address (phone numl	per – optional)		
esignated Agent: Identify Full Name Mailing Address	by name, address (phone numl	per – optional)		
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Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other depo	per – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	ries: List all banks or other depo	per – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	ries: List all banks or other depo	per – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or material depository, etc.	ries: List all banks or other depo	per – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or material depository, etc.	ries: List all banks or other depo	per – optional)	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	I Organization, Affiliated Committee, Joint Fu	Indraising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 75357		
	Washington	DC	20013
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number - optional		
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE A Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION	ories: List all banks or other depositories in wh	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in wh	Telephone Number	